



Enrollment Form for Massachusetts Deferred Compensation SMART Plan

Please return to your local ING representative or
mail to:

ING Life Insurance and Annuity Company
1601 Trapelo Road
Waltham, MA 02451
Fax: 1.781.890.3580

Please type or print clearly in ink. In this form, ING Life Insurance and Annuity Company will be defined as "ING," "we," "us," or "our" in this document.

Information About You <i>Please print.</i> <i>Changes to the Social Security No. or Date of Birth must be initialed by the Participant.</i>	Employer Name Massachusetts Deferred Compensation SMART Plan					
	Billing Group No. <input type="checkbox"/> VFZ754 – Permanent, Full-time Employee (Non-OBRA) <input type="checkbox"/> VFZ757 – OBRA Voluntary (over the mandatory 7.5%)					
	Work Location			Payroll Location No.		Department Name
	Participant Name (First, Middle Initial, Last)					Social Security No.
	Participant Resident Address (No. & Street)					PO Box
	City/Town			State	Zip Code	
	Email Address					
	Date of Birth		Exp. Retire. Age	Date of Hire	Number of Dependents	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Telephone No. ()		Work Telephone No. ()		Occupation/Job Title		Estimated Annual Income \$
Financial Disclosure <i>Please provide estimates.</i>	Annual Household Income <input type="checkbox"/> <\$25,000 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> >\$100,000					
	Net Worth (excluding primary residence) <input type="checkbox"/> <\$25,000 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$250,000 <input type="checkbox"/> >\$250,000					
	How would you categorize yourself as an investor? <input type="checkbox"/> Aggressive <input type="checkbox"/> Moderately Aggressive <input type="checkbox"/> Moderate <input type="checkbox"/> Moderately Conservative <input type="checkbox"/> Conservative					
	When will you begin using your retirement account? <input type="checkbox"/> >20 Yrs. <input type="checkbox"/> >10 Yrs. <input type="checkbox"/> >5 Yrs. <input type="checkbox"/> <5 Yrs.			Estimated percent of retirement income from this investment <input type="checkbox"/> <25% <input type="checkbox"/> 25 - 50% <input type="checkbox"/> 50 - 75% <input type="checkbox"/> >75%		
	Account Investment Objective(s) (Select between one and three) <input type="checkbox"/> Stability of Principal <input type="checkbox"/> Bonds <input type="checkbox"/> Asset Allocation <input type="checkbox"/> Balanced <input type="checkbox"/> Large Cap Value <input type="checkbox"/> Large Cap Growth <input type="checkbox"/> Small/Mid/Specialty <input type="checkbox"/> Global/International					
Agent Note						
Replacement Information	Does the Participant have existing individual annuity or individual life insurance policies? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Will this Contract change or replace any existing Life Insurance or Annuity Contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No					
NASD Affiliation	If yes, provide carrier name and account number: Carrier Name _____ Account No. _____					
	Are you associated with a National Association of Securities Dealers member? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Beneficiary Information <i>Changes must be initialed by the Participant.</i>	If yes, list the affiliation _____					
	Primary	Contingent	Complete Legal Name	Relationship	%	Social Security No.
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Salaried Enroller Information	The following individual(s) is/are our salaried enrollers and will not receive any commissions in connection with this Plan.					
	Salaried Enroller/Entity Name (Print)			Office Code	Rep. No.	% Participation
	_____			_____	_____	_____
	_____			_____	_____	_____

Investment Options <i>- Investment Options are grouped in their respective asset classes as determined by the Company.</i> <i>- Enter the percentage (in whole percentages) of your payment to be allocated to each investment option. Total must equal 100%.</i> <i>- Changes to investment selections must be initialed by the Participant.</i> <i>* Fund One Pagers and Prospectuses are available for these funds.</i>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Participant Name (<i>First, Middle Initial, Last</i>)</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Social Security No.</div> <div style="margin-top: 10px;"> <p style="text-align: center;">Stability of Principal</p> <p>_____ % [508] The Income Fund</p> <p>_____ % [546] Vanguard® Prime Money Market Fund *</p> <p style="text-align: center;">Bonds</p> <p>_____ % [814] PIMCO High Yield Fund - Institutional Shares</p> <p>_____ % [544] PIMCO Total Return Fund - Institutional Shares *</p> <p>_____ % [621] State Street Passive Bond Market Index Securities Lending Fund Series A</p> <p>_____ % [813] State Street Passive Treasury Inflation Protected Securities Strategy Series A</p> <p style="text-align: center;">Asset Allocation</p> <p>_____ % [534] Aggressive Lifecycle Fund</p> <p>_____ % [536] Conservative Lifecycle Fund</p> <p>_____ % [535] Moderate Lifecycle Fund</p> <p style="text-align: center;">Large Cap Value</p> <p>_____ % [416] Domini Social Equity Fund® – Investor Shares*</p> <p>_____ % [910] Eaton Vance Large Cap Value Equity Commingled Trust</p> <p>_____ % [543] Fidelity® Fund *</p> <p>_____ % [539] State Street S&P 500 Flagship Fund Series A</p> <p>_____ % [952] T. Rowe Price Structured Research Common Trust Fund</p> <p style="text-align: center;">Large Cap Growth</p> <p>_____ % [533] Fidelity® Growth Company Fund *</p> <p style="text-align: center;">Small/Mid/Specialty</p> <p>_____ % [542] Active Small Cap Stock Portfolio</p> <p>_____ % [815] INVESCO Equity Real Estate Securities Trust</p> <p>_____ % [538] State Street Russell 2000 Securities Lending Fund Series A</p> <p style="text-align: center;">Global/International</p> <p>_____ % [629] State Street Daily International Alpha Securities Lending Fund Series T</p> <p>_____ % [537] State Street Daily EAFE Securities Lending Fund Series T</p> <p style="text-align: center;">100% TOTAL – Must equal 100%</p> </div>				
Anti-Fraud Statement	Certain states require the following statement: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.				
Participant's Authorized Signature	<p>I acknowledge receipt of the fund investment one-pagers and understand that prospectuses are available for the funds noted with asterisks above.</p> <p>The Commonwealth of Massachusetts has sole discretion to select the investment options available under the Plan. You may select only from these investment options. You acknowledge that the Commonwealth of Massachusetts agencies, departments, sub-divisions, or instrumentalities electing to participate in the Plan are not responsible for account balance gains and losses resulting from the investment performance of these options.</p> <p>By signing this form, I acknowledge that the pre-filled information, if applicable, as well as the information I have provided is complete and accurate. I further certify that ING is entitled to rely exclusively on information provided on this form.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 45%; height: 30px; vertical-align: bottom;">Participant's Signature</td> <td style="width: 30%; height: 30px; vertical-align: bottom;">City and State Where Signed</td> <td style="width: 25%; height: 30px; vertical-align: bottom;">Date (mm/dd/yyyy)</td> </tr> </table>	Participant's Signature	City and State Where Signed	Date (mm/dd/yyyy)	
Participant's Signature	City and State Where Signed	Date (mm/dd/yyyy)			
Salaried Enroller's Certification and Signature	<p>Do you have any reason to believe any existing Life Annuity Contracts will be modified or replaced if this Contract is issued? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I Certify that the information on this form is true, complete and accurate to the best of my knowledge.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td colspan="2" style="height: 30px; vertical-align: bottom;">ING Salaried Enroller (<i>print name</i>)</td> </tr> <tr> <td style="width: 75%; height: 30px; vertical-align: bottom;">ING Salaried Enroller's Signature</td> <td style="width: 25%; height: 30px; vertical-align: bottom;">Date (mm/dd/yyyy)</td> </tr> </table>	ING Salaried Enroller (<i>print name</i>)		ING Salaried Enroller's Signature	Date (mm/dd/yyyy)
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